

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET 10  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

/508735

FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1									51					
2									52					
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46									96					
47									97					
48									98					
49									99					
50									100					
TOTAL DCL.		↓		↓		↓			TOTAL DCL.	↓		↓		↓
TOTAL DEP.		←	20	←		←			TOTAL DEP.	←		←		←
TOTAL CLAIMS			20						TOTAL CLAIMS					